



# Immunize Utah

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Utah Department of Health Immunization Program

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## Emergency Vaccine Handling Plan Worked! ...A Personal Story

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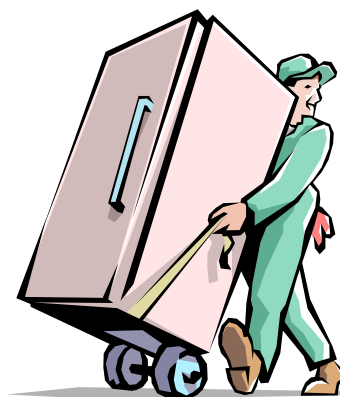
**In** December 2003 our clinic experienced a power loss for close to 36 hours. We were unaware of the power failure because the school we are located in was closed for 5 days during Christmas break. This power failure caused a loss of approximately \$4,000 in VFC vaccines.

We reported the situation to the Utah VFC Program and they advised us to install an alarm system and develop an emergency plan to prevent this type of loss again. We started by asking for the school Principal's cooperation, contacted Peak Alarm company, and investigated our options with the school's Building and Grounds personnel.

The school Building and Grounds department helped us purchase an alarm for the cost of \$300, including installation. The alarm was installed the end of February 2004.

The alarm was programmed to call four phone numbers when the refrigerator lost power. I was the designated contact person. First it would call my home phone, then cell

phone, then my pager, and last it would call the back up staff person. To acknowledge that we received the alarm notification, we must call back the alarm system and enter a pin number. Then we activate the emergency vaccine handling plan we developed.



On Monday March 29<sup>th</sup> my home phone rang at 12:10 A.M. I did not get to the phone in time but, the phone number on the caller ID looked familiar. A few seconds later my cell phone rang and I was informed that the refrigerator at IHC Pamela J. Atkinson clinic had been out of power for more than 5 minutes. I did not get the pin number entered, so it rang my pager 30 seconds later.

At first I thought this was a joke! Since we had just worked on this a month ago, I remembered the steps to take even though I was half asleep. I called Peak Alarm and confirmed that the power had been out for about 20 minutes. I then asked them to contact the on-call school personnel to meet me at the school in 30 minutes.

Upon arriving at the school I could see that the power was out for about 8 blocks and Utah Power was on-site working on the power lines. I waited about 10 minutes for the school personnel to meet me. Once we got in the building we quickly discovered that our flashlights were not working. We used the lights on our cell phones to light our way to the clinic!

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# Adolescent Immunizations

**Nasrin Zandkarimi, M.Ed., P.N.**  
**Adolescent & Ethnic Outreach Coordinator**  
**Utah Immunization Program**

**An** estimated 35 million U.S. adolescents may be missing at least one of the recommended vaccines, according to Francisco Averhoff, M.D., M.P.H., a medical epidemiologist with the U.S. Centers for Disease Control and Prevention (CDC). The adolescent has become what the American Academy of Pediatrics (AAP) has referred to as “*The Orphans of Immunization Practices*.”

According to the current Advisory Committee on Immunization Practices (ACIP) recommendations, adolescents 11 to 12 years of age who are adequately immunized should have completed what is commonly referred to as the “**3-2-1-1**”. In other words, they should have received three doses of Hepatitis B vaccine; two doses of Measles, Mumps and Rubella (MMR) vaccine; one dose of Varicella vaccine (if there is no clinical evidence of chicken pox disease); and one dose of Tetanus toxoid (if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine). There are additional vaccines that some adolescents should receive such as Influenza, Pneumococcal, Meningococcal and Hepatitis A vaccines.

In the United States, coverage for Hepatitis B among adolescents is only 30% to 50% nationally, far below the optimal 90% coverage rate, according to the National Health Interview Survey. The highest rates of Hepatitis A occur among children and adolescents ages 5-14 years. The risk of complications and death from chickenpox can be up to 2 - 3 times greater for adolescents and young adults than children and 10 - 20 times greater for those over age 30. In Utah it is estimated, from limited data, that 8% of adolescents are adequately immunized with 3-2-1-1.

The Utah Department of Health Immunization Program encourages all health care providers to review their adolescent patients' immunization records and bring patients up-to-date in their vaccines. For more information on adolescent immunizations, contact Nasrin Zandkarimi, at (801) 538-9450 or visit [www.immunize-utah.org](http://www.immunize-utah.org).

## References

1. Barriers to Adolescent Vaccination, National Partnership For Immunization, Bulletin, Volume 2, issue 2 Fall 2002.
2. Little, Jessica, 35 million teens missing recommended vaccines, American Academy of Pediatrics News, September 2000, Volume 17 (3) p. 81.
3. Recommended Childhood and Adolescent Immunization Schedule-United States, January-June 2004. MMWR Wkly Rep; January 16, 2004, Volume 53 (1).

## Internet Support Groups

### Hep B Information and Support List [www.hblist.org](http://www.hblist.org)

To subscribe, send a blank email to:  
[Hepatitis-b-on@mail-list.com](mailto:Hepatitis-b-on@mail-list.com)

Well supervised list with useful information and lively exchanges between supportive members. For those with HBV, their caregivers, and anyone interested in or affected by HBV are invited to participate.

### HBV Adoption Support List [www.onelist.com/community/hbv-adoption](http://www.onelist.com/community/hbv-adoption)

For adoptive or biological parents of children with HBV. This is a restricted list to protect the privacy of parents and children. Requires pre-approval by the list owner to join.

### PKIDS Support List [www.pkids.org](http://www.pkids.org)

For adoptive and biological parents of children with chronic viral infectious diseases, including HBV, HCV, and HIV.

## Fast Facts

An estimated 48% of chronic hepatitis B infections are acquired in early childhood ages 5 years or less.

## Kudos To Providers!

The Utah Immunization Program is proud to recognize outstanding efforts in immunizing Utah's children. We are pleased to recognize the following providers for rates shown during recent immunization (Clinic Assessment Software Application (CASA)) assessments from January 2004 - April 2004:

For achieving the goal of immunizing 70% or more of two-year-olds with 4 DTap, 3 Polio, 1 MMR, 3 Hib, & 3 Hep. B:

**Summit Pediatrics - Park City**  
**IHC Midvalley**  
**Grow Up Great**



## Mark Your Calendars !

**38th National Immunization Conference** May 11 - 14  
Gaylord Opryland Hotel , Nashville, TN  
for more info. go to [www.cdc.gov/nip/nic](http://www.cdc.gov/nip/nic)

**2004 Utah Public Health Conference** May 19-21  
The E Center, West Valley City, UT  
for more info. go to [www.upha.org](http://www.upha.org)

**7th Annual Conference on Vaccine Research** May 24-26  
Crystal Gateway Marriott Hotel, Arlington VA  
for more info. go to [www.nfid.org/conference](http://www.nfid.org/conference)

**Pandemic Influenza:** June 16-17  
**Steps toward Prevention & Response**  
Washington D.C.  
for more info go to [www.iom.edu](http://www.iom.edu)

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### **Emergency Vaccine Handling Plan Worked!... A Personnel Story**

As part of our plan, we had a cooler and extra ice packs in the refrigerator/freezer. I put all the vaccines in a bag, labeled it with our clinic name, and put them in the cooler with the ice packs for transport.

I then went to the pharmacy at LDS Hospital and had the pharmacist put the bag in their refrigerator. He was confused at first, but I explained to him that we had a plan in place to use their refrigerator if our power went out and the pharmacy supervisor has a copy of the plan. I told him I would be back in the morning to pick up the vaccines. I also verified the temperature of their fridge, to be sure it was in the proper storage range, before I left. The vaccines were in the hospital pharmacy refrigerator within 10 minutes of leaving our clinic.



Later that morning I went back to the hospital pharmacy and transported the vaccines back to our clinic in the same manner.

When I returned to our clinic I called the Utah VFC Program and advised them of what had happened earlier that morning. I also had questions on the stability of the Varivax vaccine. They suggested I call the manufacturer to verify the viability of the Varivax. As a result, Merck shortened the expiration date by 9 months on the Varicella vaccine.

Due to all this teamwork and planning we did not lose any of the vaccines! There are a few minor glitches that still need to be worked out, but other than that, the plan worked great! Our investment of \$300 and some time was well worth not losing \$4,000 in vaccines.

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# Protect Your Vaccine Supply

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**Jan M. Kilpack, RN, BSN**  
**VFC Coordinator**  
**Utah Immunization Program**

**W**ith the rising cost of vaccines it is important to take the necessary precautions to protect your vaccine supply. Every practice/clinic should develop a written routine and a written emergency vaccine handling plan, per the VFC Provider Agreement. The following is a guide for what your vaccine handling plans should contain.

## **Routine Vaccine Handling/Storage Plan**

Develop and adhere to a written routine vaccine storage and security plan specifying:

- designated primary and secondary person responsible for routine vaccine storage and security;
- refrigerator/freezer temperatures will be monitored twice a day;
- vaccines are immediately unpacked and stored at recommended temperatures upon receipt of shipment;
- storage unit doors are routinely checked at the end of the day to ensure they are closed and, if possible, padlocked;
- maintenance and cleaning personnel will be advised not to unplug storage units; safety outlet covers are in place, and **Do Not Unplug** stickers are placed near the outlet and circuit breakers.

## **Emergency Vaccine Handling/Storage Plan**

Develop and post an emergency vaccine storage plan to deal with a malfunction in refrigeration and/or freezer units or any other emergency/disaster that might compromise manufacturer recommended vaccine temperature. This plan should assure vaccines are stored properly as quickly as possible. It should specify:

- designated primary and secondary person responsible for emergency vaccine storage and security;

- personnel with 24-hour access to the building and refrigeration unit/s in which vaccine is stored;
- how designated personnel are notified in the event of a vaccine storage emergency;
- steps to follow for proper handling and storage of vaccines after the emergency has occurred;
- alternate storage units and facilities (e.g., a back-up refrigerator, the fire department, a nearby hospital, or another providers, etc.) and procedures that the designated personnel should follow to access those units and facilities.

All staff should be required to review the emergency plan. It should also be posted in a prominent location such as the door to your vaccine area or on the refrigerator. **All office staff including the janitor and the security guard should know the standard procedure to follow and where/how the individual vaccines are to be stored.**

In the event of equipment breakdown or power outage, every attempt should be made to move the vaccine supply to another refrigeration unit as soon as possible. Any vaccine that has been allowed to warm above the recommended temperatures should be placed back in refrigeration, but clearly separated from the undamaged supply. The vaccine should not be used until the Utah VFC Program or vaccine manufacturer has been contacted for instructions on how to proceed. Depending on manufacturer specifications, the vaccine may still be viable.

**Each provider is individually responsible for contacting manufacturers to discuss whether their vaccines may have been compromised.**

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**Special Note: Utah VFC Program staff will ask for a copy of your office's emergency vaccine handling plan during on-site visits.**

## Updated Recommendations during Prevnar® Shortage

**On** March 5, the Centers for Disease Control and Prevention (CDC) published an MMWR article describing its decision to recommend that health care providers immediately suspend the routine use of the third and fourth doses of 7-valent pneumococcal conjugate vaccine (PCV7). An excerpt from the MMWR is reprinted below.

\*\*\*\*\*  
On February 13, 2004, CDC recommended that health-care providers temporarily suspend routine use of the fourth dose of 7-valent pneumococcal conjugate vaccine (PCV7, marketed as Prevnar®) when immunizing healthy children. This action was taken to minimize the likelihood of shortages until Wyeth Vaccines is able to restore production capacity. Since that recommendation was issued, PCV7 production has been much less than had been expected and shipments have been delayed, resulting in shortages of vaccine. Widespread shortages may continue beyond this summer. To

further conserve vaccine, CDC, in consultation with the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), and the Advisory Committee on Immunization Practices (ACIP), recommends that all health-care providers **temporarily suspend routine use of both the third and fourth doses, effective immediately**. It is critical that all providers immediately follow this recommendation, regardless of their current vaccine supply. Children at increased risk of severe disease should continue to receive the routine, 4-dose series. This recommendation reflects CDC's assessment of the existing national PCV7 supply and may be changed if the supply changes. Updated information about the national PCV7 supply is available at <http://www.cdc.gov/nip/news/shortages/default.htm>

To obtain the complete copy of the MMWR report go to <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5308a5.htm>

### Spotlight

## Meet the Utah VFC Program Staff

**Linda Jenkins** has worked in state government for 14 years and in the Utah Immunization Program for nearly four years. She currently is the vaccine management specialist. If you have questions about your VFC vaccine order or storage and handling, Linda is more than happy to help. She regularly advises providers in implementing routine and emergency vaccine handling plans, which can save vaccine supplies if a natural disaster, equipment malfunction, or power outage occurs. If you find yourself in a vaccine storage emergency, Linda is available to assist you in verifying vaccine viability.



On a personal note, Linda has been a vegetarian for 13 years and is an advocate for animal rights. She belongs to several animal welfare and rescue groups. Writing is one of her hobbies, which led to her receipt of an award from the *Deseret News* for a letter written to the *Readers' Forum* concerning animal neglect.

# 2004 Care-A-Van Schedule

The Care-A-Van will travel throughout the state every February through October. Immunizations are free for children ages 2 and under and are only \$5.00 per shot for children 3-18 years of age that are VFC eligible. Anyone else, including adults, may be billed through their insurance. (Parents should bring their child's immunization record.)

## May 2004

May 1, Sat.  
Greater Salt Lake Coalition  
Infant Immunization Week Activity  
8400 West 3270 South, **Magna**  
10 – 2pm

May 5, Wed.  
Sandy Elementary  
8725 South 280 East, **Sandy**  
9:30 – 11am

May 5, Wed.  
Fostering Healthy Children Rally  
State Capital, **Salt Lake City**  
10 – 12pm

May 7, Fri.  
Christian Heritage School  
5101 South 1050 West, **Riverdale**  
4:30 – 7:00pm

May 12, Wed.  
Southland Elementary  
12675 South 2700 West, **Riverton**  
1 – 2:30pm

May 12, Wed.  
Cover The Uninsured Week  
1234 S. Main, **Salt Lake City**  
1 – 5pm

May 13, Thurs.  
Kinderland Head Start  
670 West 400 North, **Orem**  
3 – 6pm

May 14, Fri.  
Kent's Market Pharmacy  
3536 West 5600 South, **Roy**  
12 – 4pm

May 18, Tues.  
Health Sandy Communities  
Sandy Elementary  
8725 South 280 East, **Sandy**  
4 – 7pm

May 21, Fri.  
Bear River Head Start  
75 South 400 West, **Logan**  
10 – 2pm

## June 2004

June 15, Tues.  
Healthy Sandy Communities  
Park Lane Elementary  
9955 South 2300 East, **Sandy**  
4 – 7pm

June 17, Thurs,  
Neighborhood House  
1050 West 500 South, **Salt Lake City**  
4 – 7pm

June 22, Tues.  
Cache County Migrant Program  
2545 South 660 West, **Nibley**  
4 – 7pm

## August 2004

Aug 2, Mon  
Magna Night-out Against Crime  
3250 South 8400 West, **Magna**  
5 – 9pm

Aug 3, Tues.  
Moroni Elementary  
98 North 200 West, **Moroni**  
10 – 12pm

Aug 3, Tues.  
Mt. Pleasant  
65 East 100 South, **Mt. Pleasant**  
2 – 4pm

Aug 4, Wed.  
Ephraim Elementary  
151 South Main, **Ephraim**  
10 – 12pm

# Care-A-Van Schedule

Aug 4, Wed.

Manti Elementary  
150 West 100 South, **Manti**  
2 – 4pm

Aug 5, Thurs.

Salt Lake Care Fair  
Horizonte Center  
1234 S. Main, **Salt Lake City**  
4 – 8pm

Aug 6, Fri.

Salt Lake Care Fair  
Horizonte Center  
1234 S. Main, **Salt Lake City**  
12 – 8pm

Aug 7, Sat.

Salt Lake Care Fair  
Horizonte Center  
1234 S. Main, **Salt Lake City**  
10 – 4pm

Aug 11, Wed.

Vista Elementary  
4925 South 2200 West, **Taylorsville**  
7:30 – 9:30am & 4 – 6pm

Aug 14, Sat.

Kent's Market Pharmacy  
3536 West 5600 South, **Roy**  
12 – 4pm

Aug 17, Tues.

Healthy Sandy Communities  
Sprucewood Elementary  
12025 South 1000 East, **Sandy**  
4 – 7pm

Aug 31, Tues.

Family Enrichment Center  
320 South 500 East, **Kaysville**  
12 – 4pm

## September 2004

Sept 2, Thurs.

Bear River Head Start  
75 South 400 West, **Logan**  
10 – 2pm

Sept 14, Tues.

Healthy Sandy Communities  
Crescent Elementary  
11100 South 230 East, **Sandy**  
4 – 7pm

## October 2004

Oct 16, Sat.

Midvale Health Fair  
7631 S. Chapel Street, **Midvale**  
10 – 2pm

Oct 19, Tues.

Healthy Sandy Communities  
Peruvian Park Elementary  
1545 East 8425 South, **Sandy**  
4 – 7pm

Oct 22, Fri.

Logan City School District  
101 W. Center, **Logan**  
3 – 6pm





Utah Department of Health

## IMMUNIZATION PROGRAM

Immunize for healthy lives

P.O. Box 142001  
288 North 1460 West  
Salt Lake City, UT 84114-2001

Return Service Requested



Check out our web-site  
[www.immunize-utah.org](http://www.immunize-utah.org)

### Authors Retract Vaccine-Autism Link Put Forward in an Article Published in "The Lancet" in February 1998

**Th**e March 6 issue of the British medical journal "The Lancet" carried a retraction by 10 of 13 authors of a controversial article published in 1998. The lead author of the 1998 article, Andrew J. Wakefield, MD, and one other author were not part of the retraction. "The Lancet" was unable to locate the other author. An excerpt from the retraction is reprinted below.

\*\*\*\*\*

We wish to make it clear that in this paper no causal link was established between MMR vaccine and autism as the data were insufficient. However, the possibility of such a link was raised and consequent events have had major implications for public health. In view of this, we consider now is the appropriate time that we should together formally retract the interpretation placed upon these findings in the paper, according to precedent.

\*\*\*\*\*

You must register (no charge) to access the entire retraction, "Retraction of an interpretation." To register, go to "The Lancet" website at <http://www.thelancet.com/registration>

After registering, click on Search Journal in the left column. Type "Retraction of an interpretation" in the Search for Text box. Scroll down to the entry with the retraction title, and click for the text or PDF version of the retraction.

